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ABSTRACT

. This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module examines the functioning of families with addictive and dependent members. The module's learning objectives address: (1) indicators of addiction problems in families, and cycles of substance use and abuse; (2) roles of family members in addictive families, or families in which an addiction problems exists; and (3) ways of breaking down difficult family role patterns. The module consists of five lectures which include reading materials, charts, and activities for individuals or groups. Lecture 1 describes characteristics and problems of foster children in whose birth family chemical dependency was a problem. Lecture 2 examines family roles in addictive families. Ways of working with the "inner child" of a child raised in an addictive family are recommended in lecture 3. Lecture 4 describes ways of breaking down the maladaptive roles assumed by members of addictive families. In lecture 5, ways for child care workers and foster parents to care for their own needs when they work with children from addictive families are suggested. A form for evaluating the module is appended. (BC)

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FOSTERING FAMILIES

Breaking Down Difficult Family Patterns

ED353046

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

BREAKING DOWN DIFFICULT FAMILY PATTERNS

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FOSTERING FAMILIES

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FOSTERING FAMILIES

INTRODUCTION

Fostering Families is a specialized foster care training program. Various important learning concepts related to families, youth and children are explored *within* the context of child welfare and protective services. By paying specific attention to the foster care environment, Fostering Families' training is highly relevant for caseworkers and foster parents. Fostering Families is also unique because faculty and training staff receive regular input from foster parents and social services people who work daily to meet the needs of children in out-of-home placement. Thus, this training project continues to evolve because of the on-going training program.

Our goal is to create small group training experiences which offer new knowledge, concepts, ideas, and skills to improve (1) the foster care assessment and placement process, (2) the case planning, monitoring and supervising process, and, (3) the recruitment and retention of foster homes.

Foster parents and caseworkers are learning collaboratively in each session. Each module is designed to motivate participants to go beyond simple transmission of information to training opportunities created so that trainees can apply concepts either in role play situations, small group experiences, or through individual activities. Participants are also provided the opportunity in the training session to integrate their learning through discussion and group experiences. To achieve high accessibility for foster parents, training sessions are often held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week, training sessions are held throughout the urban, suburban and rural areas of the State.

Toward improving the out-of-home placement process and the monitoring and supervision of foster homes, this module, Breaking Down Difficult Family Patterns, explores how families become poor functioning because of addictive, dependent family members. From an understanding of the addictive family, caseworkers and foster parents can better understand how foster children may function in their foster homes. Further, treatment planning and case monitoring can become more effective as we create ways to bring out healthy change options for the foster child in the new home.

This module builds on two companion modules in the Fostering Families curriculum. The Game Board of Family Dynamics explores the basic organizing patterns of families and how family communication, roles, and functions support families. Drinking, Drugs and Youth: Use and Abuse examines the substance use and abuse of teens. This module introduces the issue of difficult family roles and patterns that contribute to a youth's use and abuse of substances. Yet, Breaking Down Difficult Family Patterns moves beyond these earlier

modules. Trainees will find opportunities to consider how rigid, usually, dysfunctional family roles can be modified so the youth can participate in families and outside peer groups more effectively.

Visual diagrams of families are used that will provide an overview of family stages and some tools which can be used to assess family structure and functioning. These will enhance the permanency planning process.

The module begins by presenting an understanding of addictions and the effect the addict has on all family members. Martha Rausch, and expert in this area, presents on video a concise description of the addictive family. Information is presented about the reasons that people choose to use chemical substances, the cycle of use, the types of addictions, roles of family members, and how foster families and caseworkers can help children. The final focus of this module takes the different family roles and asks trainees to consider how they could "break down" or make less rigid a role which a foster child has adapted from his earlier family situation.

As we work with these ideas and concepts, trainers and trainees must be aware of the sensitive nature of this material. Many people are not able to ascertain clearly if substances have been abused by a family--theirs or foster children's. Yet, the concepts are helpful in defining how members in a family can become so tied together, so to speak, that they are not able to function independently of the family system.

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that everything in the manual will be equally addressed. We recommend reading the manual completely soon after a training session. We have been told that this helps greatly in gaining a full understanding of the issue at hand.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

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GLOSSARY OF KEY TERMS

ADDICTION OR SUBSTANCE ABUSE	**a dependency with a mood altering substance characterized by a physical compulsion, mental obsession, and loss of control over its use in spite of negative consequences to daily functioning**
CHILD OF ALCOHOLIC	**Term used for children who come from a home in which addiction exists. This may be alcohol or other substance(s). Commonly referred to by the initial ACOA or COA.**
FAMILY ROLES	**A culturally and systematically determined pattern of behavior that prescribes the social norms, statuses, and expectations of a family member. Family roles are generally identified in terms of their function for the maintenance of the family unit.**
CODEPENDENCE	**The process whereby family members subordinate their needs for those of the addict, leading to difficult patterns of family functioning and individual functioning** **May be identified within the DSM III-R (Diagnostic and Statistical Manual of Mental Disorders) as a Personality Disorder. Features include getting others to assume responsibility for major areas of one's life, subordinating one's own needs to those of others, and a lack of self-confidence. It may be accompanied by anxiety, depression, and preoccupation with abandonment or rejection, usually guilt and shame based.**

FOSTERING FAMILIES

LEARNING OBJECTIVES

1. **To improve the placement of children in out-of-home placement situations, participants will gain an understanding of addictions, knowledge related to indicators of the addictive home, the addiction cycle, and the cycle of use and abuse.**

2. **To enhance the placement process, the trainees will learn to identify the typical family roles in the addictive family.**

3. **Toward achieving higher quality placement, treatment and planning in the foster home, training participants will consider specific ways to break down difficult family role patterns.**

FOSTERING FAMILIES

CO-ADDICTIVE FOSTER CHILDREN ENTERING SUBSTITUTE CARE

Lecturette # 1

Most of the youth entering foster care have family backgrounds where substance-abusing, addictive individuals are the caretakers and primary role models in their lives. Living with an addicted dependent family member(s) is hard. Many people describe this experience as "crazy-making." This experience may be unfamiliar to many foster families, yet for children in placement, this set of life patterns is what has been "normal" for however many years that child has been raised in their home.

The addictive family has lived with great attention paid to the abusing family member, at the expense of the children. These children have experienced life as chaotic, traumatic, and usually neglectful. Neglect is a result of growing up in an abusing home. Many children also experience physical abuse during the out-of-control "high" moments. These events are traumatic, thus, the trauma masks the pain and fear. The foster home may in fact feel very unfamiliar as a family pattern.

Chart A indicates the "Characteristics of Chemical Dependency." In the video that accompanies this module, Dr. Rausch presents these characteristics to help us learn the range of difficulties for the addictive person. Chart B "Behavioral Symptoms of Adult Children of Alcoholics" presents a list of typical symptoms associated with co-dependent behavioral patterns.

<u>Group or Individual Activity:</u>

Ask participants to consider the each of these questions:

"How many of you have had experiences with using a potentially addictive substance?"

"How many of you have had a friend or family member experience problems with the use of drugs or addictive substances?"

"How did you like living with or trying to help a person with an addiction problem?

Examine "Chem101" on next page.

FOSTERING FAMILIES

CHEMICAL DEPENDENCY 101

Alcoholism and drug addiction is a disease, it has its own symptoms and is describable like measles and diabetes. Different dimensions of the disease include the following:

A. PRIMARY DISEASE: Not a secondary symptom of something else.

B. PROGRESSIVE DISEASE: Gets progressively worse; person becomes physically, spiritually, emotionally, and psychologically ill.

C. CHRONIC DISEASE: No cure; relapse is part of disease. Once manifested there is no way to reverse the body's chemistry to enable one to drink or intake drugs safely.

D. FATAL DISEASE: The disease can only be arrested, put in remission; gone unchecked person will die or die from the associated addicted lifestyle. (falls, car wrecks, violence)

The continuum of use, the stage and rapidity, depends on the combination of the above mentioned factors. Also, like diabetes, chemical dependency is a multifactorial disease. The biopsycho-social model (Engel, 1977) illustrates the factors that add up to chemical dependency.

Chemical dependency is an equal opportunity disease, it transcends all socio-economic, cultural, racial, and demographic lines. The following are some risk factors to consider:

* **family history of alcoholism**
* **family history of criminality or anti-social behavior**
* **problems of parental direction or discipline**
* **parental drug use or parental attitudes approving use**
* **peer group use, friends and siblings**
* **learning difficulties, unsuccessful school experiences**
* **social isolation and alienation**
* **significant low self-esteem**
* **anti-social behavior during early adolescence**
* **poor impulse control, inability to delay gratification**
* **age of first use, early experimentation pre 11-14**
* **history of emotional, physical, and/or sexual abuse**

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CHARACTERISTICS OF CHEMICAL DEPENDENCY

Chart A

***Denial (sincere delusion)**

***Compulsion (automatic, reactive behavior)**

***Low self-worth**

***Frozen feelings**

***Potentially fatal disease**

FOSTERING FAMILIES

BEHAVIORAL SYMPTOMS
ADULT CHILDREN OF ALCOHOLICS
Chart B

* Poor self-esteem/self-concept
* Fearful, insecure, anxious
* Fearful of abandonment and rejection
* Mistrusting
* Either super-responsible or super-irresponsible
* Depressed
* Extreme mood swings
* Psychosomatic symptoms such as allergies, hypochondria, hypoglycemia, eating disorders,accident prone
* Obsessive-compulsive behavior with work, food, thoughts, exercise, relationships
* Difficulty with close relationships
* Difficulty with authority figures such as bosses, teachers
* People pleasers
* Needy of others
* Self-isolating
* Find themselves in victim positions

FOSTERING FAMILIES

Chart C "Children at-risk due to Addictive Families" depicts some of the different ways we identify these children and youth.

Families are where we first learn who we are. We adopt patterns of family dependence. We also adapt with dysfunctional family relationships when we can find no other way to successfully get our needs met.

Although the term codependency has be popularized, the concept of codependence and the work of the Adult Children of Alcoholics (ACA) has helped explain many of the "living" problems experienced by people who grow up in chemically dependent and addictive homes. What is most critical in understanding co-dependency is that what gets lost--for the addict and then the surrounding family members, is the full repertoire of feelings that serve us in our daily functioning. Chart D "Basic Categories of Feelings" identifies these from the accompanying video.

Because we learn how to identify and express our feelings from our family, the addictive family teaches us to deny, repress, suppress, and inappropriately express our feelings. In any family situation, the parents mirror for us what feelings are acceptable, what feelings are not, and when and how to express these feelings. In the addictive family, we learn how to go about denying, repressing, and suppressing our feelings. Even further, we learn how to inappropriately express feelings through "moments" associated with intoxicating substances.

Individual or Group Activity:

Examine Chart A "Characteristics of Chemical Dependency" and then, Chart B "Behavioral Symptoms of Adult Children of Alcoholics."

Individual or Group Activity:

Watch video entitled "Chemically Dependent Family Systems".

Individual or Group Activity:

Examine Chart C entitled "Children at-risk due to Addictive Families."

Individual or Group Activity:

Examine Chart D entitled "Basic Categories of Feelings."

FOSTERING FAMILIES

CHILDREN AT-RISK
DUE TO ADDICTIVE FAMILIES

Chart C

Foster parents may find that they are parenting a child from one of four categories:

** A Drug-dependent Child	**usually the child was born to an addicted mother and the infant may or may not show signs of Fetal Alcohol Syndrome, Fetal Alcohol Effect, or other defects from drugs**
** A High Risk Child	**a child who lived in a drug or alcohol or other addictive substance environment; they may have experienced one or more types of abuse; they are at high risk of turning to drugs or other substances themselves**
** A Drug Abusing or Using Child	**a child who is identified as cur-rently using or abusing drugs, alcohol, or other substances, they may have been involved in individual or residential drug treatment or they may need to evaluated for treatment**
** A Difficult Child	**a child with no known substance abuse or drug history but who is espcially difficult to work with (for some unknown reason); behaviors may indicate that the child is similar to one of the above categories**

FOSTERING FAMILIES

BASIC CATEGORIES OF FEELINGS

Chart D

***Mad**

***Sad**

***Glad**

***Fear**

***Shame**

***Guilt**

***Inadequacy**

We also learn in the family how to adapt our needs and wants with the larger family system. So, because the addict is so needy, his needs and wants become paramount. This is why we often find the substance-abusing person using the family's subsistence money for his/her habit. The addict believes his/her needs are most important--even above feeding their family members at times.

An example of how a child learns to express feelings inappropriately may be represented as follows. If an abused child learns to defend his/herself with defenses such as denial, rationalization, and/or projection, then this child may no longer cry or whine. Each of the defenses minimizes true expression of feelings. Thus, the child learns to repress his/her feelings. Instead, s/he learns to project anger onto other family members, friends, schools and other formal institutions, and later project their anger in obtuse ways in the work place.

Bradshaw (1988) says that many poor functioning families create an illusion of love when

"they idealize and minimize, they dissociate so that they no longer feel anything at all, they numb out (p.6)"

Children who grow up within an addictive home have a high potential for addictive and compulsive behaviors in their own lives. These behaviors create the numbing out. Numbing out helps manage repressed feelings; keeps the person alive, keeps life bearable.

Even the birth order of siblings impacts how these behaviors will most likely emerge.

FOSTERING FAMILIES

Lecturette #1 (Cont'd)

The primary treatment goal for the addictive family is to learn to recovery the feelings that have been buried or unavailable. The goals of treatment are indicated on Chart E.

The idea that is key here is this:

> **what you live with you learn,**
> **what you learn you practice,**
> **what you practice you become, and what you become has consequences.**

Individual or Group Activity:

Examine Chart E entitled "Goals of Treatment in Addictive Families."

Summary

Basic knowledge about addictions, family roles, parenting strategies and resources within the community help foster parents and caseworkers understand children and find ways of creating health environments. Caseworkers and foster parents are better able to make decision about the children who enter their care, how to help the foster child and support healthy growth within the foster family.

ACA groups have helped people recognize their insidious dysfunctional living patterns as related to the difficult life situations from which they emerged. An ACA group can be very helpful for older youth who have addictive family back-grounds. There are also books and articles for youth to explore on their own.

FOSTERING FAMILIES

GOALS OF TREATMENT
FOR THE ADDICTIVE FAMILY

Chart E

***Detox**

***Breaking denial**

***Accepting disease**

--learning about disease

--learning how disease affects other family members

***Learning to recognize feelings**

***Recovery of feelings**

FOSTERING FAMILIES

FAMILY ROLES IN ADDICTIVE FAMILIES

Lecturette #2

Having described the difficult nature of the addictive family, examining the family roles becomes important. Black (1986) believes that it is important to identify the roles that all children play in the family and not overlook the high risk potential of what may appear to be a well-adjusted individual.

There are many names for the poor functioning roles in a family. The video of Mary Rausch offers a well-accepted set of roles. These are summarized in Chart F. As one follows the video, there are separate charts for each of the roles that Dr. Rausch describes.

<u>Individual or Group Activity:</u>

Examine Chart F entitled "Family Roles in Addictive Families." Also use the accompanying graphics to make any notes while watching the video. These graphics have been copied directly from the video of Dr. Rausch.

FOSTERING FAMILIES

FAMILY ROLES IN ADDICTIVE FAMILIES

Chart F

ADDICT/ALCOHOLIC
SUBSTANCE ABUSER

The person who carries shame and pain. The person who is physically and/or emotionally involved with chemicals. Outside they look hostile, manipulative, aggressive, self-pitying, blaming, charming, and have rigid values. Inside they are actually feeling shame, guilt, fear, pain, or hurt.

(Other names include Victim, Chemically Dependent, Blamer, Faultfinder)

PRIMARY ENABLER
THE ADJUSTER

The person who adjusts for the addict; usually the spouse. This person takes on an extra job to pay bills, makes excuses or covers up for the addict. They forego their own needs to take care of the families needs. Outside they seem self-righteous, super-responsible, sarcastic, passive, or physically sick. Inside they feel anger, hurt, guilty and have a low self-esteem.

(Caretaker, Family Organizer, Camp Counselor, Martyr, Saver, Codependent)

THE HERO
RESPONSIBLE ONE

The overachiever or person with a special prized talent in the family. Outside they appear as high achievers, very responsible; they follow the rules and seek approval. Not much fun. Inside they feel guilt, hurt and inadequate.

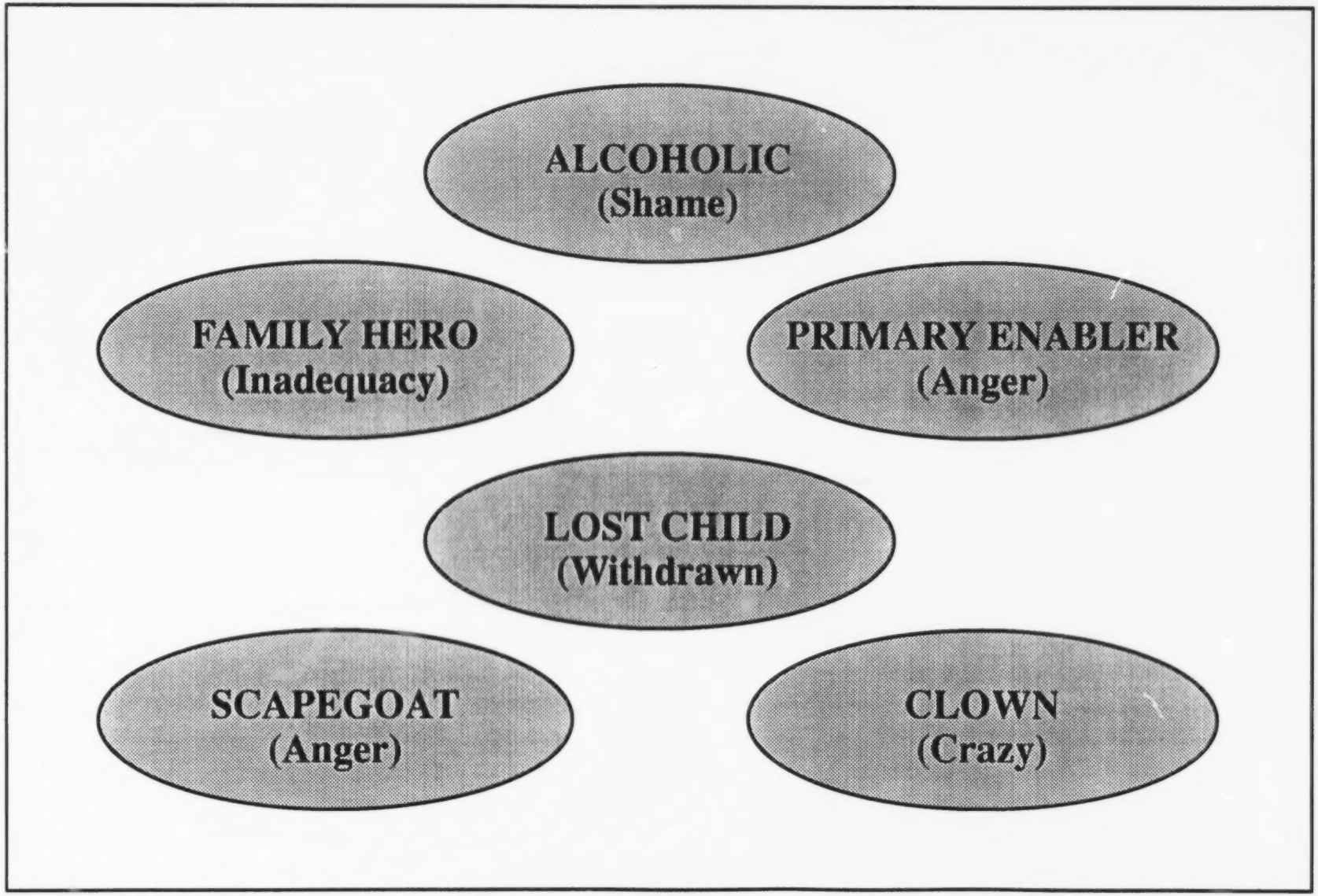
(Pioneer, The Good Kid, Little Mother or Little Man of the House)

FOSTERING FAMILIES

Chart F (Cont'd)

THE SCAPEGOAT TROUBLEMAKER	**The one who acts out family problems; the family blames this person for sadness or difficulties. By distracting the family or keeping everyone busy with their problems (e.g. legal problems, unplanned pregnancy,etc), the family does not have to look at the real problems. Outside they look hostile, and defiant; they are rule breakers and get into trouble. Inside they are feeling rejected, hurt, guilty, jealousy and anger.** **(Distractor, Rebel, Mutineer)**
THE LOST CHILD FORGOTTEN ONE	**This child causes no problems, is rather quiet, withdrawn. In the home s/he may spend a great deal of time isolated, reading, working on projects, listening to music alone. They may have low verbal skills, be teased by friends, be overeaters or overweight. In class, the teacher or other students know very little about the person. Outside they appear shy, quiet, solitary, mediocre, have a fantasy life, and attach to things, rather than people. Inside they feel rejected, hurt, and anxious.** **(Withdrawn Child, Day Dreamer, Loner)**
THE MASCOT CLOWN	**They are the family favorite. Some are hyperactive or accident prone. S/he distracts the family or relieves the tension with humor or antics. Outside they sometimes look immature, fragile, hyperactive, or distracting. Inside they feel fear, anxiety, and insecurity.** **(Cute One, Jokester)**

THE CHEMICALLY DEPENDENT FAMILY



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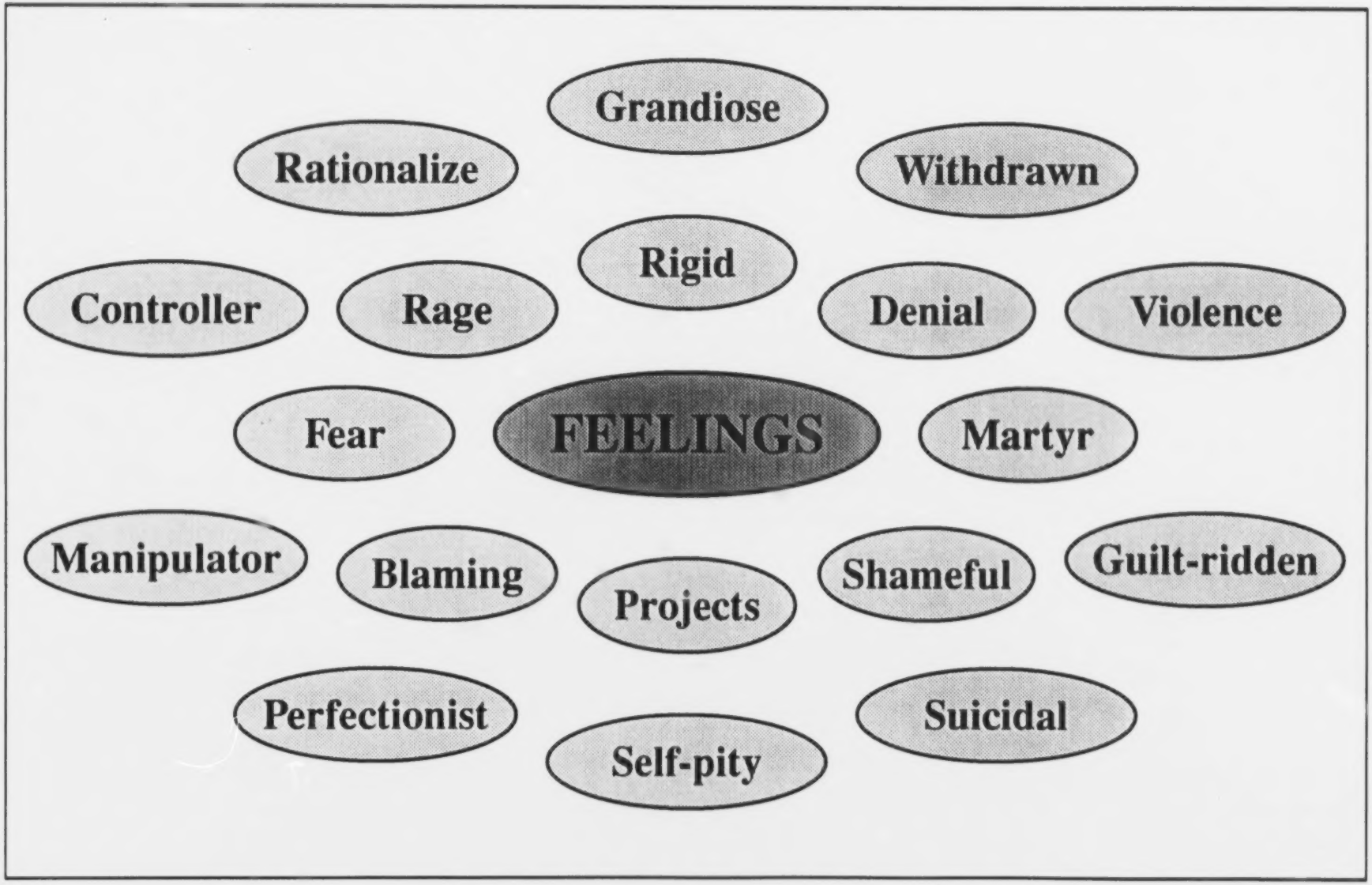
THE ALCOHOLIC



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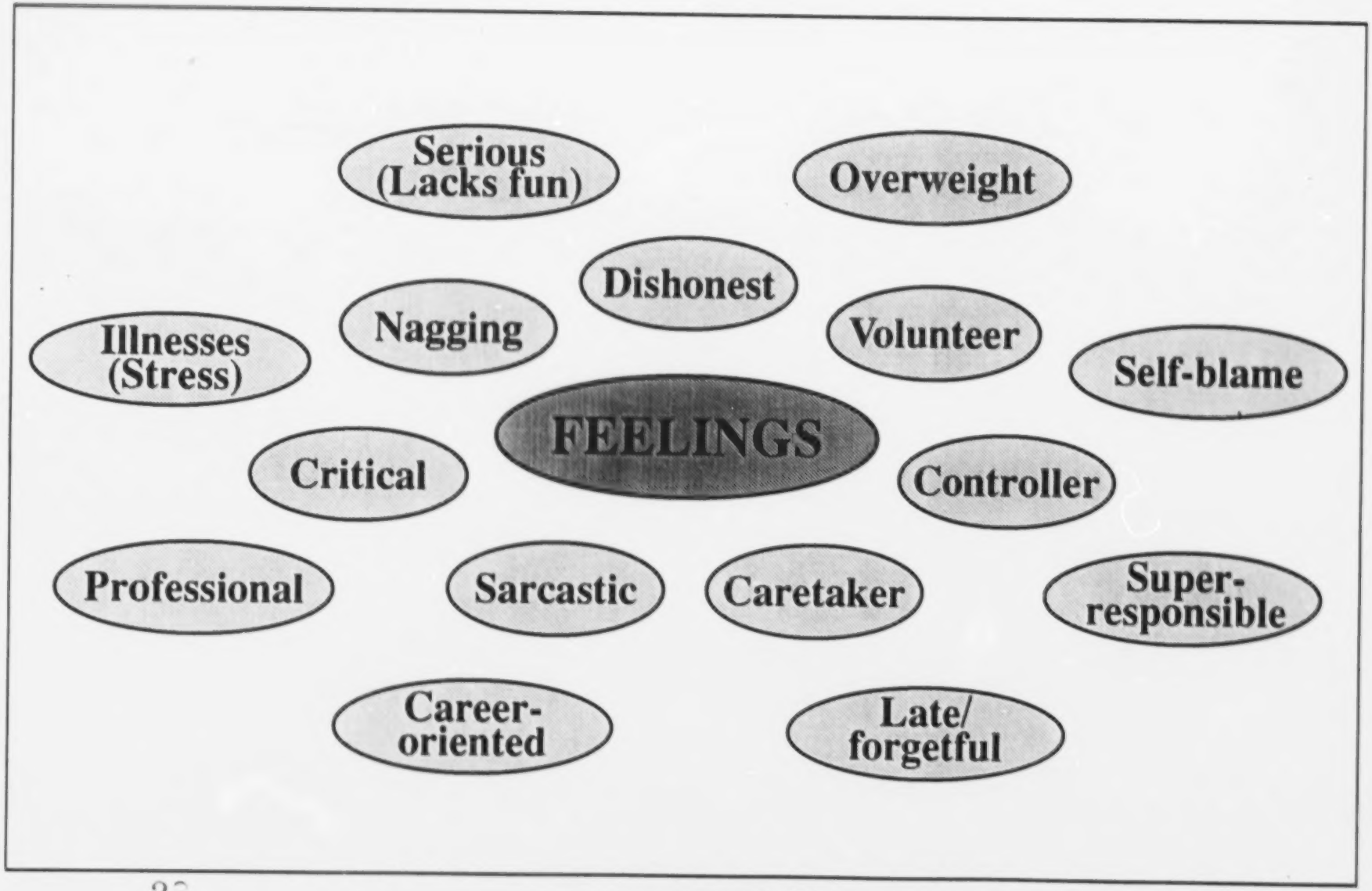
THE PRIMARY ENABLER



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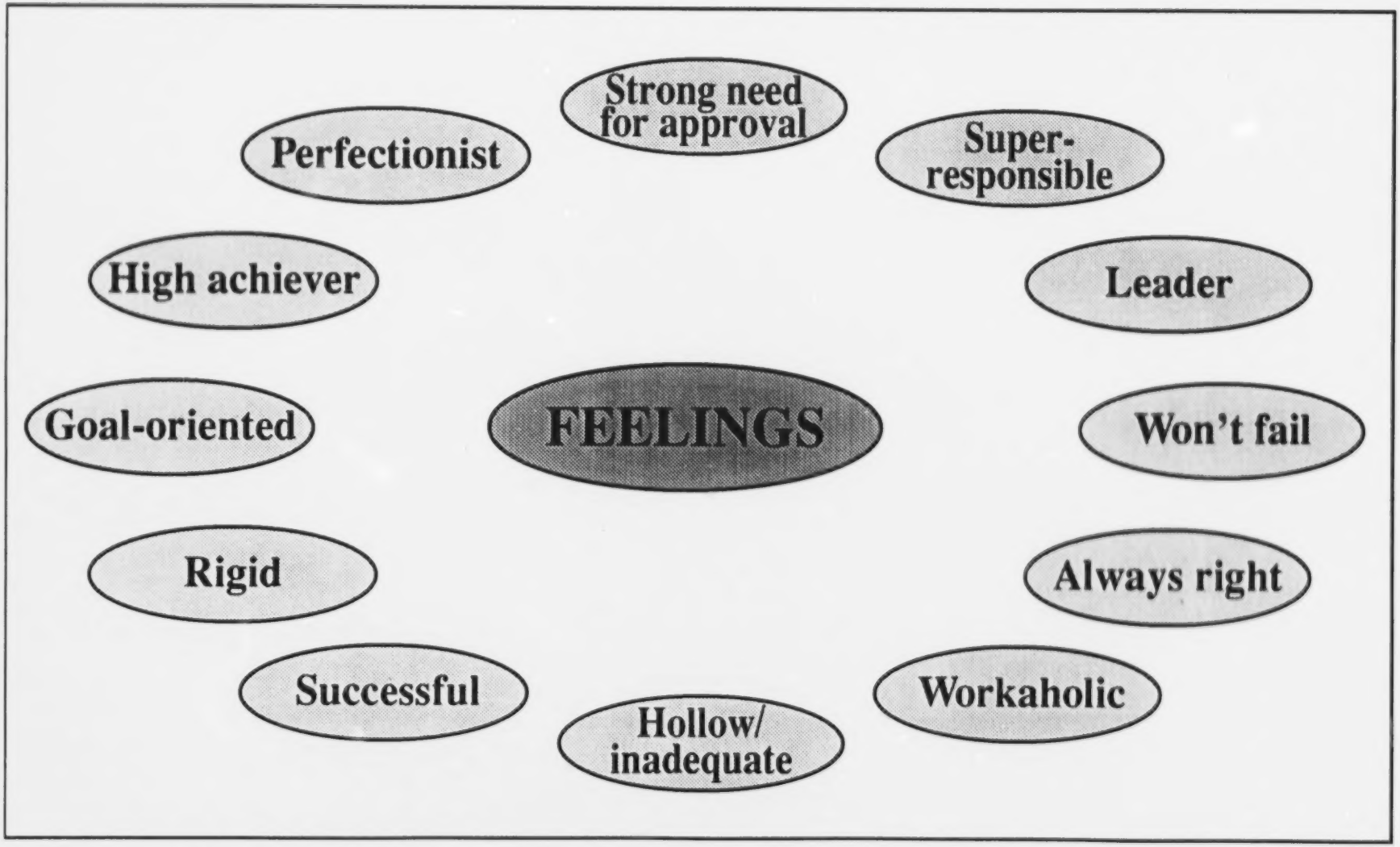
THE FAMILY HERO
(Oldest Child)



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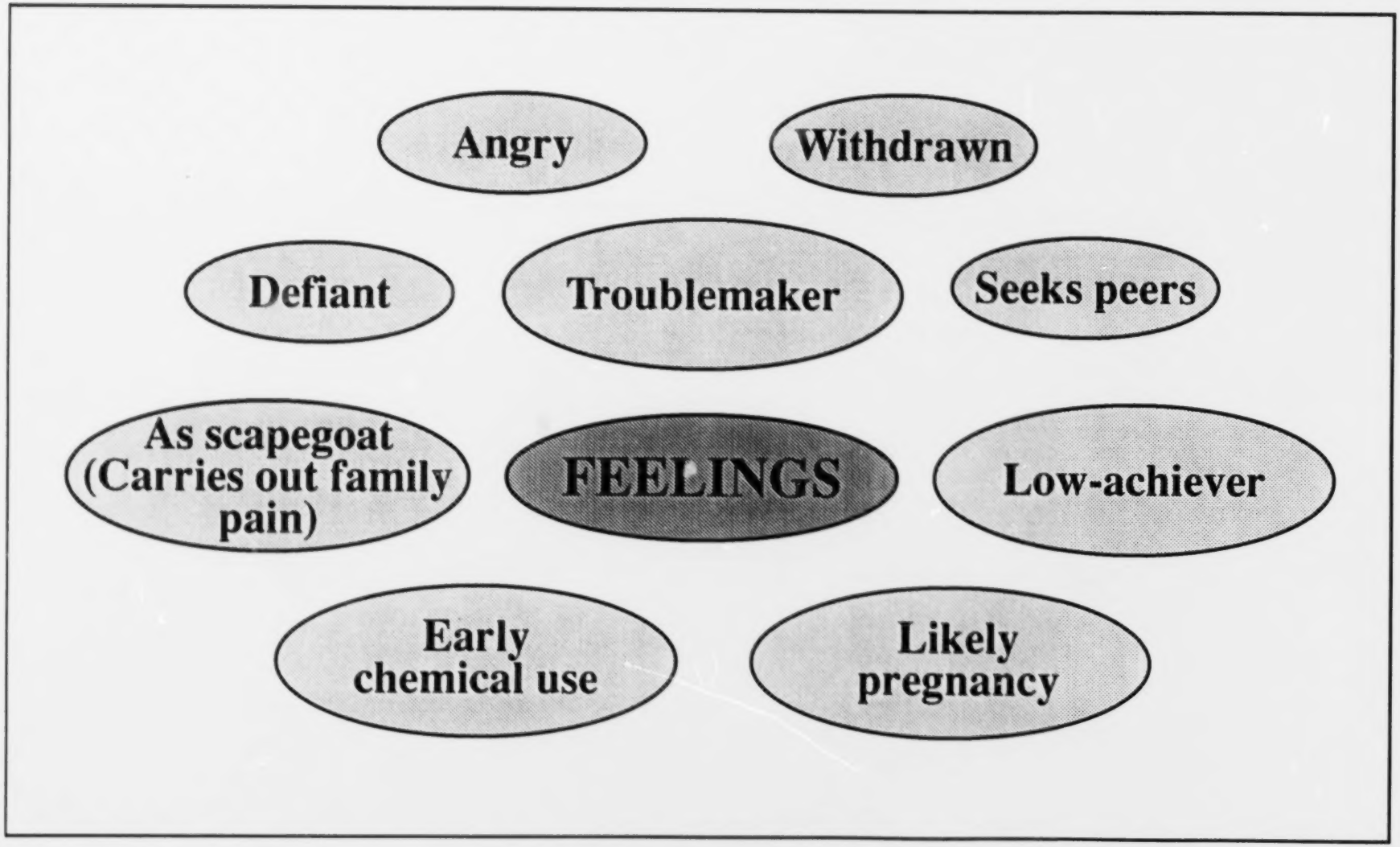
THE SCAPEGOAT
(Second Child)



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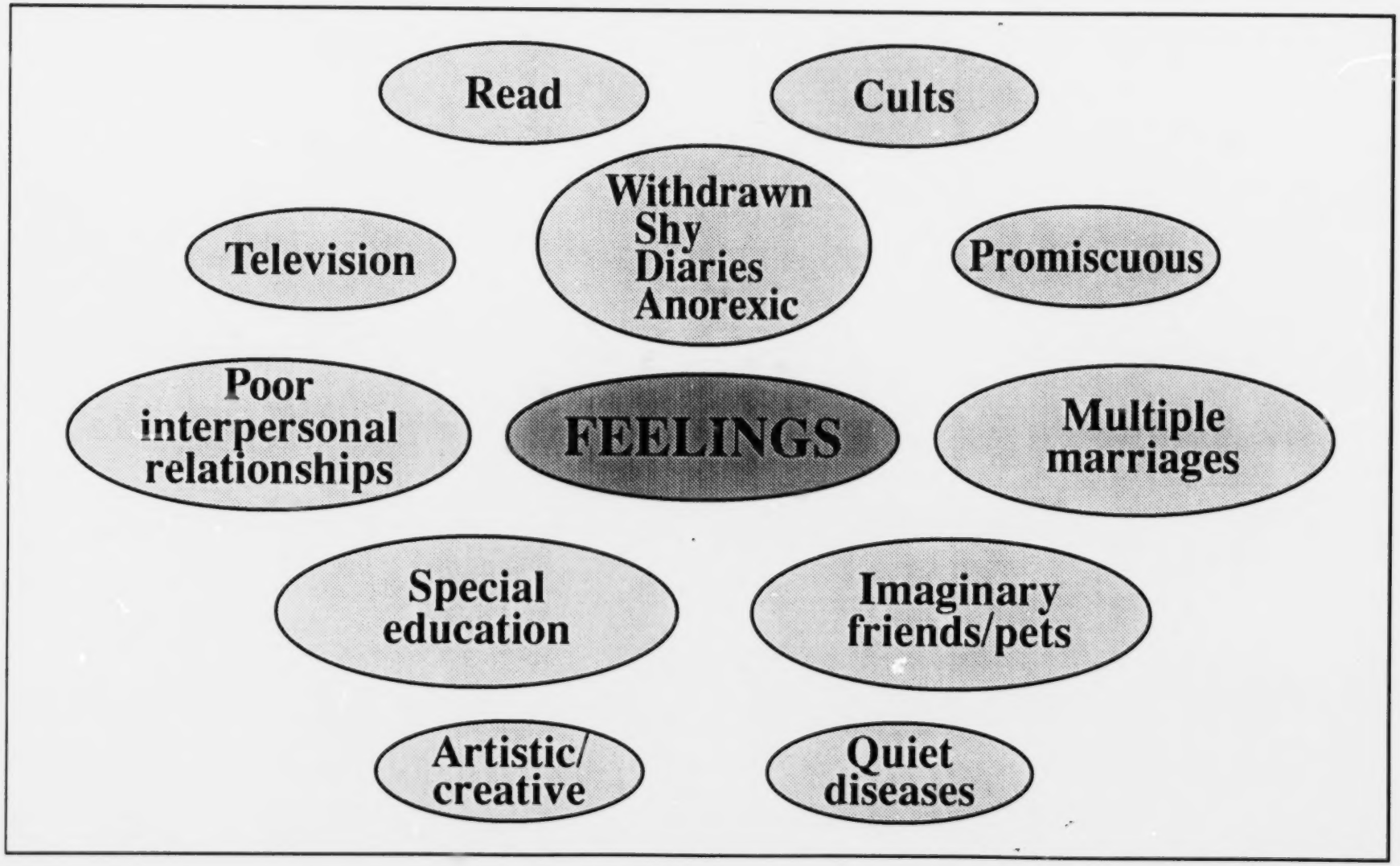
LOST CHILD
(Middle Child)



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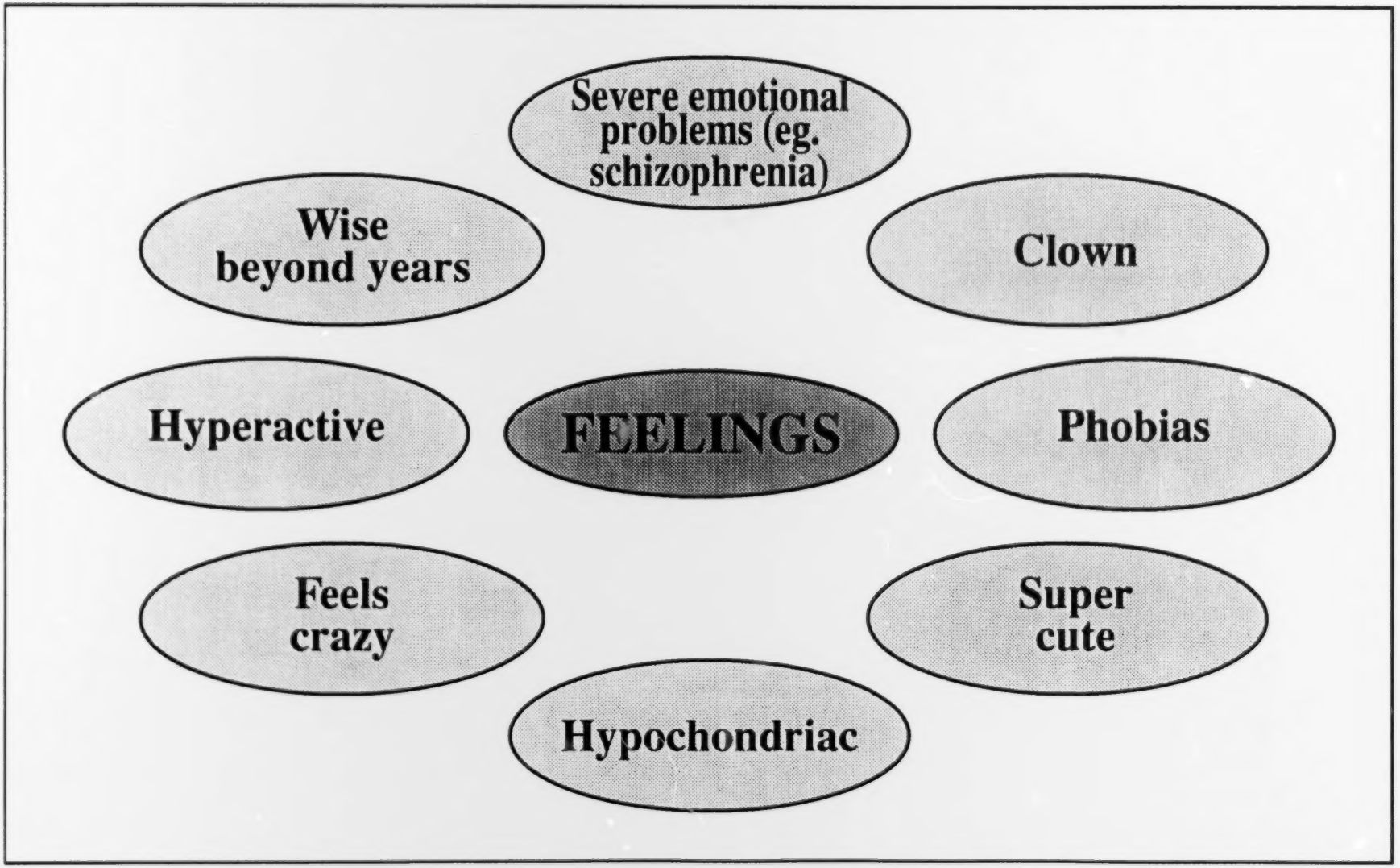
CLOWN OR MASCOT
(Last Child)



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FOSTERING FAMILIES

EXPLORING CO-ADDICTION

Worksheet #1

Instructions: After viewing the video with Dr. Rausch, please take a few minutes to complete the questions below. After each person has completed the questions, we will then get into several groups.

Questions:

1. **What do you feel was valuable in this video?**

2. **Are there questions you have about codependency after seeing the video?**

3. **Having listened to the descriptions of family roles, are there roles which you identify with personally? Which ones? Are they still roles that you live within in your current family?**

4. **Since recovering feelings is so important, what ideas do you have for going about suggesting to others about recovering feelings?**

FOSTERING FAMILIES

INNER CHILD WORK

Lecturette #3

The inner child is a way of identifying the innocent part of all of us. That innocence might be described as "divine" or "playful" or "childlike and impish." Yet, Bradshaw (1990) recently said that

"We tend to think that all people who have a wounded inner child are nice, quiet, and long-suffering. But in fact, the wounded inner child is responsible for much of the violence and cruelty in the world.

He goes on to say, based on work by Alice Miller (1987) that

"Hitler was chronically beaten in his childhood: he was humiliated and toxically shamed by a sadistic father who was the bastard son of a Jewish landlord. Hitler reenacted the most extreme forms of that cruelty on innocent people."

A wounded inner child harbors deep-seated fears and shame. Loss of self-esteem, trust issues, repressed anger and rage are all issues already addressed in this training session. However it is important to consider what could be considered toward helping (or healing) an inner child. And, through gaining some beginning understanding, might there be ways to help the often wounded foster child re-gain their innocent inner child?

Claudia Black has expressed in a variety of ways important concepts toward understanding the ways the inner child can be reached and responded to. She said (1989) recently

"Listen to your inner child not with criticism but with openness."

"Love the child for all she had to defend against."

"It is safe to take time to play today." Play fuels your creativity, tickles your inner child, and nurtures your soul."

Bradshaw (1990) suggests that "reclaiming the inner child involves going back through the developmental stages and finishing the unfinished business (p. 56)."

Middelton-Moz (1986) states that the child growing up in the addictive home will face at least three specific burdens. First, they will repeat the experience of the trauma itself (possibly by recreating the same family they emerged from); second, personality development will be impacted (in part because the trauma may arrest the ego's development); and, third, the child will, at adulthood or before need to re-experience the original trauma in order to integrate it and work it through (p. 5).

Emerging from these authors there are several very critical suggestions that could be gleaned. These are presented in Box 1.

FOSTERING FAMILIES

HEALING THE INNER CHILD

Box 1

1. We must recognize the inner child as an innocent representation of ourself. We are born in this innocence. All children are born in this innocence.

2. The inner child represents the good in each of us.

3. The inner child represents the playful, free-spirited person in each of us.

4. An inner child also harbors much of the pain that the external or outer person is unable to cope with. The inner child, then, gets repressed into the pain.

5. A wounded child may become a cruel "wounded" adult. This adult may exercise his cruelty on others.

6. Recovering the inner child is recovering the person's feelings. Feelings of anger, hurt, pain and rage no longer operate as hidden weapons. When people manage their full range of feelings, they are able to function more comfortably and securely.

7. Recovering the inner child requires a review and reworking of one's childhood roadblocks, so to speak.

8. Sometimes meeting the inner child is a powerful experience for adults who have lost their innocent selves.

9. Through the inner child, we are able to experience our true creative selves. This creativity may be expressed in many ways.

10. The recovery of feelings allows for real expressions of self and genuine experiences of person-to-person intimacy.

FOSTERING FAMILIES

BREAKING DOWN DIFFICULT ROLES

Lecturette #4

We have identified the difficult nature of co-dependency. We might say that what is so difficult is the pain embedded in each member of the family. The co-dependent person is marked by a rigidity--rigid in the behavior coping patterns that have developed. The co-dependent person lives in deep shame.

Co-dependency is a problem emerging from the family system itself, and, from a person sense of deficiency. This makes the task of changing these patterns and roles very difficult. Caseworkers must create the most realistic and successful case plan to help the foster child. The foster parents on the other hand must provide consistent, competent parenting to guide the child(ren) into healthier relationship patterns in the family environment and with peers.

First, foster parents and case workers must recognize that the children from addictive homes usually feel responsible in some way for what has happened in their families. The sense of self-blame is deep. Second, foster parents and caseworkers must identify the dysfunction roles and family patterns foster children bring from their family of origin. When we learn to identify these roles we then are more capable of empathizing with the pain expressed through these roles.

Third, we can then consider whatever creative strategies we can muster to promote change in these dysfunctional roles and patterns. The Charts that follow summarize ways to identify and consider changing a child's behavior.

Individual or Group Activity:

The Rimrock Foundation in Billings, Montana has identified "Do's and Don'ts" for working with children of alcoholics according to the predominant role that they play. These are written out in Charts G through K.

As a way of adding to this list, consider what ideas you have that could help foster children specifically.

Individual or Group Activity:

Work on Exercise #1.

FOSTERING FAMILIES

BREAKING DOWN DIFFICULT ROLES

Exercise #1

Instructions: We want to try to find constructive ways to help children break down the difficult roles they may have had to use to survive in their families of origin or due to multiple placements. This exercise will offer an opportunity to consider the process of dismantling rigid, difficult roles.

TASK ONE

First, draw a circle for each person now in your home. Out their name in the circle. Then, put the age of each person in the circle and indicate who they are, i.e. father, foster child, birth child, etc.

Then, indicate what primary role(s) of each person.

FOSTERING FAMILIES

BREAKING DOWN DIFFICULT ROLES

Exercise #1 (Cont'd)

TASK TWO

Now, consider the following situation:

> **Yesterday, you had a small boy, Anthony placed in your home. He is 6 years old. The caseworker expects that Anthony will be in your home for approximately 2 years. A case plan has been approved by the court and you and the worker have reviewed the major points in the plan which have to do with Anthony, and his home visitation schedule.**
>
> **Anthony was removed from his mother's home almost 4 months ago. The mother is a 20 year old student. There was serious neglect with mother abusing alcohol and heroine. Mother grew up in an abusive home herself and she is now in a 4-month treatment program out-of-state.**
>
> **From information provided by the worker you surmise that Anthony has been a little hero in the family and also a victim.**

Having heard this story, add Anthony to your family on the previous page.

Consider how Anthony will influence each member of the family.

TASK THREE

In groups, review your family circle charts.

After you have reviewed your charts, identify how you believe you can help Anthony, or other foster children in your home, disengage from any rigid role pattern that they have relied upon. Use the charts on the following pages.

FOSTERING FAMILIES

CHEMICALLY DEPENDENT YOUTH

Chart G

DO:

1. **Set rules or limits. Follow through with consequences when rules are broken.**
2. **Keep data if you suspect unusual behavior, school work, attitudes (spaced out, mood swings, etc.)**
3. **Get support from others.**
4. **Set contracts with child which he/she signs. Use as data if broken.**
5. **Call school counselor. Share concerns and data.**
6. **Maintain close contact with others: foster parents, caseworkers, therapists, teachers, etc.**

DON'T:

1. **Don't accept blame from the child or feel sorry for him/her.**
2. **Don't make special exceptions for child: breaking a rule.**
3. **Don't let him/her be irresponsible; unfinished work.**
4. **Don't argue with him/her, explain yourself, justify, defend.**

FOSTERING FAMILIES

THE HERO

Chart H

DO:

1. **Give attention at times when the child is not achieving.**
2. **Validate personhood. Separate person and his behavior.**
3. **Let child know it's okay to make a mistake.**

DON'T:

1. **Don't let them monopolize conversations, always be first.**
2. **Don't validate his/her worth by achievements. Remember that inadequacy is driving their feelings.**

FOSTERING FAMILIES

SCAPEGOAT

Chart I

DO:

1. **Let the child know when behavior is inappropriate.**
2. **Validate him/her take responsibility for anything.**
3. **See that he/she is a hurt child; don't get hooked by anger, don't defend.**
4. **Set limits. Give clear expectations of child's responsibility - clear choices and consequences.**
5. **Help child understand that his/her behavior is his/her responsibility - he/she is in control, use key reminder phrase (i.e., who's in control right now?).**
6. **Consistently follow through with consequences.**

DON'T:

1. **Don't feel sorry for the child.**
2. **Don't treat the child special or give him/her your power.**
3. **Don't agree with your child's complaints.**
4. **Don't take child's behavior personally.**

FOSTERING FAMILIES

LOST CHILD

Chart J

DO:

1. **Take inventory. If there are a number of children that you are working with, whose name can't you remember; who don't you know well?**
2. **Try some contact on a one-on-one basis. Find out who they are.**
3. **Point out and encourage child's strengths, talents, be aware of their creativity.**
4. **Try to pick up on interest and often they will talk.**
5. **Use touch slowly.**
6. **Help child to build a relationship. There will usually be one child they are drawn to.**
7. **Encourage working in small groups (two's, three's) to build trust and confidence.**

DON'T:

1. **Don't let this child get off hook by silence - wait until he/she answers.**
2. **Don't let others take care of this child (i.e. answer or talk for).**

FOSTERING FAMILIES

MASCOT

Chart K

DO:

1. **It is okay to get angry at mascot's behavior.**
2. **Try giving him/her a job with some importance and value and responsibility.**
3. **Hold mascot accountable.**
4. **Encourage responsible behavior.**
5. **Encourage appropriate sense of humor.**
6. **Insist on eye contact.**

DON'T:

1. **Don't laugh at silly behavior.**
2. **Don't laugh with mascot. He/she won't take you seriously.**

FOSTERING FAMILIES

TAKING CARE OF OURSELVES

Lecturette #5

It is important to understand that these roles are used as survival mechanisms. The hurtful things that children sometimes say or do should not be taken personally by foster parents or caseworkers. Be aware of your desire to change the foster children you care for. Most important for all children is their need for acceptance--that sense of unconditional love.

We recognize that there are times when we get distressed ourselves. We must get professional help. When anger, frustration, judgement, and intolerance become too much, we should be realistic about using a group or individual setting to express our feelings. When our hurtful feelings are placed onto these difficult children, we do not help them. We must do whatever we need to take care of ourselves and our needs so that you can be there for the child when needed.

The following is a list of some things caseworkers and foster families can consider.

**** <u>SEEK HELP</u> Caseworkers must take a lead role in organizing the help for children in foster care. Often caseworkers include specific programs for both birth parents and the child(ren). We must get the help needed for the child and the family. This may include Al-Anon, Alcoholics Anonymous, Child of Alcoholics, Narcotics Anonymous or other Twelve Step Programs. For some this will mean seeking private therapy.**

FOSTERING FAMILIES

Lecturette #5 (Cont'd)

** <u>DO NOT GIVE UP</u> Stay optimistic while waiting for changes to begin and progress to be made is essential. This is sometimes so difficult when the anger and violence scares us. Yet, each situation is different and progress will occur at its own rate.

** <u>KEEP UP A SOCIAL LIFE AND ACTIVITIES</u> Foster parents and caseworkers need to have their own personal needs met. They must avoid arranging their daily lives around the child, especially if they are an prone to addictive patterns from their family of origin.

** <u>LET GO OF A DESIRE TO BE A MARTYR OR FEEL SELF-PITY</u> Foster parents and caseworkers may fall into or be "pushed" into the enabler role. We should not trap ourselves into feeling we are the answer for the child(ren) or the birth family of origin. We must recognize that we do not have such power so as to be able to fix or change others--seeking to change them "our way."

** <u>BE HONEST</u> We must work with the family to break the habits of denial and secrecy in the addict/ alcoholic home. These are hard habits to break. Honesty enables a building of trust and an atmosphere of safety for change.

FOSTERING FAMILIES

SUGGESTED READINGS

This is a listing of the references used to prepare this module as well as other readings which will be helpful to those exploring the care of children who come from homes of addicts or alcoholics.

Ackerman, R.J. (1986). Growing in the Shadow: Children of Alcoholics. Florida: Health Communications, Inc.

Ackerman, R.J. (1983). Children of Alcoholics: A Guidebook for Educators, Therapists, and Parents. Florida: Learning Publications, Inc.

Alcoholism and the Family. Tampa, Florida: Winters Communication, Inc.

Children's Roles Carried into the Classroom. Billings, Montana: Rimrock Foundation.

Garbarino, J., Schellenbach, C.J., & Sebes, J. (1986). Troubled Youth, Troubled Families. New York: Aldine Publishing Co.

Helping in Child Protective Services: A Caswork Handbook. Englewood, Colorado: American Association for Protecting Children. 1991.

Is This Your Family? Lousiville, Colorado: Centennial Peaks Hospital, courtesy of Houston Council on Alcoholism and Drug Abuse, 1987.

Jesse, R.C. (1989). Children in Recovery: Healing the Parent - Child Relationship in Alcohol/Addictive Families. New York: W.W. Norton & Co.

Kitchens, J.A. (1991). Understanding and Treating Codependence. New Jersey: Prentice Hall.

Larsen, E. (1988). Old Patterns, New Truths: Beyond The Adult Child Syndrome. Hazelden.

Middelton-Moz, J. (1989). Children of Trauma: Rediscovering Your Discarded Self. Florida: Health Communications.

Moe, J. & Pohlman, D. (1989). Kid's Power: Healing Games for Children of Alcoholics. Florida: Health Communications.

Stahl, P.M. (1990). Children on Consignment: A Handbook for Parenting Foster Children and their Special Needs. Massachusetts: Lexington Books.

Woititz, J.G. (1983). Adult Children of Alcoholics. Florida: Health Communications.

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW_ _ _._ _ _

Name: _____ Social Security #:_____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

BREAKING DOWN DIFFICULT FAMILY PATTERNS

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressed				Very Well Addressed
1.	Participants will gain an understanding of addictions, knowledge related to indicators of the addictive home, the addiction cycle, and the cycle of use and abuse	1	2	3	4	5
2.	Trainees will learn to identify the typical family roles in the addictive family	1	2	3	4	5
3.	Toward achieving higher quality placement, treatment and planning in the foster home, training participants will consider specific ways to break down difficult family role patterns	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual	1	2	3	4	5
3. Participant responsiveness	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns	1	2	3	4	5
5. Your interest in the training session	1	2	3	4	5
6. Your comprehension of the material presented	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter	1	2	3	4	5
2. Preparation	1	2	3	4	5
3. Ability to communicate	1	2	3	4	5
4. Style of presentation	1	2	3	4	5
5. Enthusiasm/interest in subject matter	1	2	3	4	5
6. Overall performance	1	2	3	4	5
7. Ability to facilitate	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation	1	2	3	4	5

COMMENTS: Please be specific:

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #_ _ _ _

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # _ _ _ _

2. Circle correct role: 1. worker 2. foster parent 3. Other_ _____
(please specify)

3. Date _ _ - _ _ - _ _

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Servoces and Private.
4. Indian/Tribal
5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?

1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years